

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
NORTHEASTERN DIVISION

SUMMONS

TROY T. WILLIAMS	}	
	}	
Plaintiff(s)	}	(Issued pursuant to Rule 4
v.	}	of the Federal Rules of Civil
	}	Procedure or other appropriate laws)
CAPITAL ONE BANK (USA) N.A.	}	
Defendant(s)	}	Case Number: 5:17-CV-1216-HNJ

TO THE ABOVE NAMED DEFENDANT(S):

You are hereby summoned and required to serve upon plaintiff's attorney:

TROY T. WILLIAMS
PO BOX 464
HARVEST AL 35749

a response to the complaint which is herewith served upon you, within 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default may be taken against you for the relief demanded in the complaint. A signed copy of your response must also be filed with the court.

SHARON N. HARRIS, CLERK

July 21, 2017

By: Stephanie Jolen
Deputy Clerk-----
SERVE: per U.S. Marshal's Form 285Clerk, United States District Court
Northern District of Alabama
101 Holmes Avenue NE
Huntsville AL 35801

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Troy T. Williams	COURT CASE NUMBER 5:17-cv-1216-HNJ
DEFENDANT Capital One Bank (USA) N.A.	TYPE OF PROCESS s/c

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Capital One Bank (USA) N.A.
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Attn: Legal Department 1680 Capital One Drive McLean, VA 22102

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy T. Williams PO Box 464 Harvest AL 35749	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Stephanie M. Murphy Clerk</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 256-551-2533	DATE 7/21/17
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
----------------------------------------------------------------------------------------------------------------------------------	------------------------	---------------------------------	--------------------------------	-------------------------------------------------------	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
-------------	--------------------------------------------	----------------	---------------	------------------	--------------------------------------------------------------------------

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
NORTHEASTERN DIVISION

SUMMONS

TROY T. WILLIAMS	}	
	}	
Plaintiff(s)	}	(Issued pursuant to Rule 4
v.	}	of the Federal Rules of Civil
	}	Procedure or other appropriate laws)
EQUIFAX INFORMATION SERVICES, INC.	}	
Defendant(s)	}	Case Number: 5:17-CV-1216-HNJ

TO THE ABOVE NAMED DEFENDANT(S):

You are hereby summoned and required to serve upon plaintiff's attorney:

TROY T. WILLIAMS
PO BOX 464
HARVEST AL 35749

a response to the complaint which is herewith served upon you, within 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default may be taken against you for the relief demanded in the complaint. A signed copy of your response must also be filed with the court.

SHARON N. HARRIS, CLERK

July 21, 2017

By: 
Deputy Clerk

SERVE: per U.S. Marshal's Form 285

Clerk, United States District Court
Northern District of Alabama
101 Holmes Avenue NE
Huntsville AL 35801

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Troy T. Williams	COURT CASE NUMBER 5:17-cv-1216-HNJ
DEFENDANT Equifax Information Services, Inc.	TYPE OF PROCESS s/c

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Equifax Information Services, Inc.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Attn: Legal Department 1550 Peachtree St. N.W. Atlanta GA 30309

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Troy T. Williams
PO Box 464
Harvest AL 35749Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

1

Check for service
on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

256-551-2533

DATE

7/21/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED